



**Secretary of State
Professional Licensing Boards Division**

**INSTRUCTIONS FOR ANNUAL REPORT OF PRECONSTRUCTION MAUSOLEUM TRUST
ACCOUNT**

PART I – GENERAL

Complete PART 1 - general information about the cemetery.

PART II – PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT

Complete PART II - general preconstruction mausoleum trust account and depository information. Complete depository information to include full and complete account name as recorded with the financial institution.

Depository Activity

Line 1 – Fill in the amount (market value) of funds on deposit at the beginning (January 1) of the current reporting year. This should match what was reported as the amount (market value) of funds on deposit at the **end** (December 31) of the **previous** reporting year.

Line 2 – Add total deposits made for the yearly activity. These deposits are based on deposit requirements according to O.C.G.A. §10-14-29(c).

Line 3 – Add any other deposits made. This equals amounts deposited to this account other than those accounted for in line 2. This would include amounts deposited to cover shortfalls. Attach explanation.

Line 4 – Add or subtract any other increases or decreases to fund. This would include all interest or other income earned, market fluctuations in investment values (unrealized gains and losses) and net realized gains or losses from sales of investments. Attach explanation.

Line 5 – Subtotal. This is the subtotal of the amounts in lines 1 through 4.

Line 6 – Subtract trustee fees. This is the amount charged and labeled as account management or administrative fees charged by the trustee.

Line 7 – Subtract depository fees if any. This is the amount of expenses charged by the depository for maintenance of the account. This may be in addition o any trustee fees.

Line 8 – Subtract withdrawals from the preconstruction trust account. These withdrawals should have been approved by the Secretary of State. Attach a copy of approval letter(s) or detailed explanation.

Line 9 – Total funds on deposit for trust account at end of year. This amount is calculated as the sum of lines 5 through 8.

Annual Preconstruction Mausoleum Trust Account Liability

Line 10 – Cumulative amount due to the trust account at beginning of year. This amount is the total of all deposits required to be made pursuant to O.C.G.A. § 10-14-29(c) to the trust account from its inception less any approved withdrawals.

Line 11 – Add amount of deposits due to the account for reporting year's activities for sales and services. Attach Sales Journal or detailed schedule.

Line 12 – Subtract amount eligible to withdraw from trust account for yearly deliveries – list only actual amount due to the escrow account. Any withdrawals must be approved by the Secretary of State Office prior to withdrawal from the account.

Line 13 - Cumulative amount due to the escrow account at end of year. This amount is the total of amounts in lines 10, 11 and 12. It represents the total liability the cemetery has to honor its preconstruction mausoleum trust account obligation according to O.C.G.A. §10-14-29(c).

PART III - CERTIFICATION

The person signing the form certifies, under penalties of perjury, that he/she is authorized to sign the document and certifies that deposits have been made and the information presented in the form and any attached documentation are correct.

GEORGIA SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
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**ANNUAL REPORT OF PRECONSTRUCTION MAUSOLEUM
FOR YEAR ENDING DECEMBER 31, _____**

This report is mandated by O.C.G.A. § 10-14-29(g)

PART I – GENERAL

NAME OF CEMETERY			REGISTRATION NO.	
MAILING ADDRESS		CITY	STATE	ZIP CODE
NAME OF CONTACT PERSON	PHONE NO.	EMAIL OF CONTACT PERSON		

PART II – PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT

NAME OF TRUSTEE			TELEPHONE NO.	
ADDRESS		CITY	STATE	ZIP CODE
DEPOSITORY INFORMATION (SUBMIT INFORMATION ON ADDITIONAL DEPOSITORIES IF NECESSARY)				
NAME OF DEPOSITORY				
ADDRESS		CITY	STATE	ZIP CODE
ACCOUNT NAME			ACCOUNT NO.	
NAME OF CONTACT PERSON	PHONE NO.	EMAIL OF CONTACT PERSON		
NAME OF DEPOSITORY				
ADDRESS		CITY	STATE	ZIP CODE
ACCOUNT NAME			ACCOUNT NO.	
NAME OF CONTACT PERSON	PHONE NO.	EMAIL OF CONTACT PERSON		

DEPOSITORY ACTIVITY (IF MORE THAN ONE ACCOUNT, LIST FIGURES AS TOTALS OF ALL ACCOUNTS)

1. Total funds on deposit for the preconstruction trust account at beginning of year	\$ _____
2. ADD: Total deposits made for the yearly activity	\$ _____
3. ADD: Any other deposits made – Attach explanation	\$ _____
4. ADD OR SUBTRACT: Income, increases/decreases to fund – Attach explanation	\$ _____
5. Subtotal: Lines 1 through 4	\$ _____
6. SUBTRACT: Trustee fees for the year	\$ _____
7. SUBTRACT: Other depository fees for the year	\$ _____
8. SUBTRACT: Withdrawals – Attach approval letters or detailed explanation	\$ _____
9. Total funds on deposit in preconstruction trust account at end of year (Lines 5 through 8)	\$ _____

ANNUAL PRECONSTRUCTION MAUSOLEUM TRUST ACCOUNT LIABILITY

1. Cumulative amount due to Trust Account at beginning of year	\$ _____
2. ADD: Amount of deposits due to account for year's activities for sales – Attach copy of sales journal or detailed schedule	\$ _____
3. SUBTRACT: Amount eligible for withdrawal from Trust Account for yearly deliveries – List only amount actually deposited to Trust Account	\$ _____
4. Cumulative amount due to Trust Account at end of year (Do not include interest earned)	\$ _____

PART III - CERTIFICATION

I hereby certify, under penalties of perjury, that the information contained in this Annual Report and the supporting documents attached hereto are true and correct to the best of my knowledge and belief. I further certify that all required deposits have been made to the preconstruction mausoleum trust account. I am authorized to sign this document on behalf of the individual or corporate owner.

SIGNATURE_____
PRINT NAME_____
TITLE_____
DATE